

FUNDS ADMINISTERED BY MD MANAGEMENT, MD REALTY SURPASS \$6 BILLION

MD Management Ltd., which had its start with the investment of \$25 000 in CMA seed money in 1957, has for the first time surpassed the \$6-billion mark in assets under administration, the company, MD Realty Corp. and the CMA announced in late July. MD Management and MD Realty, which have a combined total of more than 300 employees, manage 12 investment funds for physicians and their family members and employees. "The move past \$6 billion was primarily generated by a recent general improvements in the markets," said Ron Bannerman, the vice-president and secretary of MD Management. "Markets have been strong for the last quarter."

RED CROSS NEEDS HELP TO LOCATE CJD PATIENTS

The Canadian Red Cross Society has asked physicians for help in locating patients, with their consent, who have been diagnosed with Creutzfeldt-Jakob disease (CJD) so that blood components and products produced through donations from such patients can be eliminated. In an advisory notice (see *Can Med Assoc J* 1995; 153: 412), the Red Cross said it also wants to know if such patients have received transfusions so that it can further study the relationship between CJD and transfused blood. The organization joined a number of

manufacturers and blood programs in taking precautionary measures to prevent the theoretical risk of blood-borne transmission of CJD.

Transmission of CJD via dura mater, growth hormone, gonadotrophin and cornea has been documented, said the advisory, but the possibility of transmission by blood transfusion remains controversial. "Theoretical but prudent concern" prompted the decision to withdraw certain products from the national blood supply. "The blood supply in Canada is safe," the Red Cross said, adding that with physicians' help "we will be able to make it even safer." For information, contact Dr. Bert Aye, national director of blood services, Canadian Red Cross Society, 613 739-2220; (fax) 613 739-2505.

LA CROIX-ROUGE A BESOIN D'AIDE POUR TROUVER LES PERSONNES ATTEINTES DE LA MALADIE DE CREUTZFELDT-JAKOB

La Société canadienne de la Croix-Rouge a demandé aux médecins de l'aider à trouver, avec leur consentement, des personnes atteintes de la maladie de Creutzfeldt-Jakob diagnostiquée afin de pouvoir supprimer les composants et les produits du sang tirés de dons des personnes en cause. Dans un avis (voir *J Assoc Med Can* 1995; 153 : 412), la Croix-Rouge a déclaré qu'elle doit aussi savoir si les personnes en cause ont reçu des transfusions, ce qui lui permettra d'étudier plus à fond le lien entre la

maladie de Creutzfeldt-Jakob et le sang transfusé. L'organisation a uni ses efforts à ceux de nombreux fabricants et programmes transfusionnels pour prendre des précautions afin de prévenir le risque théorique de transmission par le sang de la maladie de Creutzfeldt-Jakob.

La transmission de la maladie de Creutzfeldt-Jakob par la dure mère, l'hormone de croissance, la gonadotrophine et la cornée a été documentée, lit-on dans l'avis, mais la possibilité de transmission par transfusion sanguine suscite toujours la controverse. «Une préoccupation théorique mais prudente» est à l'origine de la décision de retirer certains produits de l'approvisionnement en sang du Canada. «L'approvisionnement en sang du Canada est sûr», a déclaré la Croix-Rouge en ajoutant qu'avec l'aide des médecins, «nous pourrions le rendre encore plus sûr». Pour obtenir plus de renseignements, prière de communiquer avec le Dr Bert Aye, directeur national des services transfusionnels, Société canadienne de la Croix-Rouge, au 613 739-2220; télécopieur : 613 739-2505.

READERSHIP OF CMA ONLINE CONTINUES TO BUILD

Interest in *CMA Online*, the CMA's Internet-based information service, has been growing since the service was launched in March, says Webmaster Steve McCullough. Users from 43 countries had logged onto the service by the end of July, and the

number of files retrieved had surpassed 70 000. On a typical day 476 files, which are documents ranging from abstracts to HIV counselling guidelines, are read by readers visiting the CMA's World Wide Web site.

"Our clinical Q&A discussion group page appears to be attracting a lot of interest now," says McCullough. "Fifty doctors have signed up so far, and we are getting new applications every day."

Information available on CMA Online ranges from data about MD Management funds to medical science news and abstracts from CMAJ. The address <http://www.hwc.ca:8400/> takes readers to the service. Readers seeking further information can contact McCullough, 800 267-9703.

PHYSICIANS NAMED TO ORDER OF CANADA

Dr. Marc Baltzan, CMA president in 1982-83, has been named an officer in the Order of Canada. A specialist in internal medicine, Baltzan helped pioneer kidney transplantation in Canada. Born in Saskatoon in 1929, he graduated from McGill University in 1953 and completed residencies at McGill and Johns Hopkins universities. Extensive experience in medical economics, complemented by a term as chair of the CMA Council on Economics, served him well during his tenure as CMA president. He is currently in private practice in Saskatoon.

Dr. Neil MacDonald, director of a new program on cancer ethics research at the bioethics centre of the Institut de recherches de cliniques de Montréal, was named a member of the Order of Canada. MacDonald, who for 23 years worked at the University of Alberta and the Cross Cancer Institute in Edmonton, moved to Montreal last year. He holds appointments in the Department of Oncology at McGill University and

the Palliative Care Unit at the Royal Victoria Hospital.

MOST CANADIANS HAVE AT LEAST ONE RISK FACTOR FOR HEART DISEASE

A summary of 10 provincial heart health surveys carried out between 1986 and 1992 indicates that two in three Canadians have at least one of the major risk factors for cardiovascular disease — smoking, elevated blood cholesterol and high blood pressure. The report, *Canadians and Heart Health – Reducing the Risk*, was released during the World Conference on Hypertension Control, held recently in Ottawa.

Among Canadian adults, 43% had elevated blood cholesterol levels, 15% were hypertensive, 27% were regular smokers, 48% had a body mass index of 25 or more and 37% lived a sedentary lifestyle. One of the survey findings was that less than two-thirds of Canadians who have had their blood-cholesterol levels measured reported that they had these levels described to them by their doctors. The report concludes that health-promotion and disease-prevention programs have contributed greatly to the decline in cardiovascular disease in Canada over the last decade, and are an integral part of the health care system.

WORKSHOPS TO HELP WOMEN COPE WITH CANCER

In the next 3 years, more than 6000 women living with cancer will have access to free *Look Good ... Feel Good* workshops at major cancer centres. The Canadian Cosmetic, Toiletry and Fragrance Association (CCTFA) Foundation says its workshops teach beauty techniques that enhance the

appearance and boost the self-esteem of women undergoing cancer treatment; the goal is to extend the program to every major cancer-care centre in Canada.

The program is currently available in Halifax and Montreal. This year the program will be introduced in Hamilton and Sudbury in Ontario, Charlottetown, St. John's, and Saint John, NB. The CCTFA also offers a seminar program for women in communities where workshops are not yet available, a 26-minute beauty technique video, an annual magazine and free brochures; for information, call 905 629-0111.

CHANGES IN US RECRUITING PATTERNS

The emergence of managed care continues to influence physician-recruitment incentives in the US, says a major physician search firm based in Texas. Merritt, Hawkins and Associates says 53% of the clients it sought recruits for in 1994-95 were group practices, up from 37% the previous year. "With the emphasis managed care places on consolidation of services, medical groups are where the recruiting action is today," company president James Merritt suggested in a news release.

Increased demand for primary care physicians and decreased demand for specialists is one hallmark of managed care; Merritt said 68% of his firm's searches were for primary care physicians, up from 62% the previous year. Financial incentives also declined for most specialists, partly due to the reduction in specialty services required under managed care. Types of income are affected by managed care as well, as the percent of salaried positions increased to 44% from 41%. The firm based its findings on a review of 1266 physician-search assignments between April 1994 and April 1995.